



TEXAS MEDICAID

Clinical Edit Prior Authorization gabapentin (NEURONTIN)

STEP 1: CLEARLY PRINT AND COMPLETE TO EXPEDITE PROCESSING

Date:	Prescriber First & Last Name:
Patient First & Last Name:	Prescriber NPI:
Patient Address:	Prescriber Address:
Patient ID:	Prescriber Phone:
Patient Date of Birth:	Prescriber Fax:

STEP 2: MEDICATION INFORMATION

Medication Requested (Name):	Quantity Requested:
Dose Requested:	Dosing Instructions:

Patient's Primary Diagnosis: _____ ICD 10 Code: _____

Indicate the drug's formulary status: *(Formulary available at www.txvendordrug.com)

Non-Preferred Drug (**NPD or NAP Status, Go to Step 3 - PDL PA Criteria Applies**)

OR Preferred Drug (**Go to Step 4**)

OR No Status, Drug is not in a Market Basket (**Go to Step 4**)

OR N/A as this request is for a CHIP / PERINATE client (**Go to Step 4**)

STEP 3: PDL PRIOR AUTHORIZATION CRITERIA FOR NON-PREFERRED PRODUCT

1. Has the client failed a 10-day treatment trial with at least 1 preferred agent in the last 180 days?
 Yes (Go to Step 4, Question 1) No (Go to #2)
2. Is there a documented allergy or contraindication to preferred agents in this class?
 Yes (Go to Step 4, Question 1) No (Go to #3)
3. Is the drug necessary for treatment of stage-4 advanced metastatic cancer and associated conditions?
 Yes (Go to Step 4, Question 1) No (Deny)



STEP 4: CLINICAL PRIOR AUTHORIZATION CRITERIA

1. Is the client less than (<) 3 years of age?

Yes (Deny)

No (Go to #2)

2. Is the incoming request for a dose less than or equal to (\leq) 1,400 mg per day?

Yes (Go to #5)

No (Go to #3)

3. Does the client have a diagnosis of chronic kidney disease in the last 365 days?

Yes (Deny)

No (Go to #4)

4. Does the client have a dialysis CPT code in the last 180 days?

Yes (Deny)

No (Go to #5)

5. Does the client have a diagnosis of ONE (1) of the following in the last 730 days?

- epilepsy/convulsions
- fibromyalgia
- migraine
- neuropathic pain
- restless leg syndrome

Yes (Approve - 365 days)

No (Go to #6)

6. Does the client have a history of an inferred migraine agent in the last 90 days?

Examples of inferred migraine agents include: almotriptan (AXERT), amitriptyline, diclofenac (CAMBIA), diltiazem (CARDIZEM, others), divalproex (DEPAKENE, DEPAKOTE), doxepin, eletriptan (RELPAK), frovatriptan (FROVA), ibuprofen, ketorolac (TORADOL), naproxen, naratriptan (AMERGE), nifedipine (ADALAT, NIFEDICAL), nortriptyline, propranolol (INDERAL, INNOPRAN), rizatriptan (MAXALT), sumatriptan (IMITREX), topiramate (TOPAMAX), verapamil, zolmitriptan (ZOMIG), and others.

Yes (Approve - 365 days)

No (Deny)

STEP 5: SIGN AND FAX TO: NAVITUS PRIOR AUTHORIZATION AT: 855-668-8553

Prescriber Signature: _____ **Date:** _____

If criteria not met, submit chart documentation with form citing complex medical circumstances.
For questions, please call Navitus Customer Care at 1-877-908-6023.